

**COUNTY OF MILWAUKEE
ACCRUED TIME OFF DONOR PROGRAM
APPLICATION TO DONATE TIME**

Date: _____

To: Director of Human Resources
DAS - Human Resources
Room 210, Courthouse
901 N. 9th Street
Milwaukee, WI 53233

Subject: **ACCRUED TIME OFF DONOR PROGRAM
APPLICATION TO DONATE TIME**

Chapter 17.186 of the General Ordinances of Milwaukee County, Accrued Time Off Donor Program for Employees Who Have Exhausted All of Their Accrued Sick Leave, provides that an employee who has utilized all of his/her available accrued off time, including sick leave because he/she is suffering from a potentially terminal illness, is allowed to receive donations of accrued time off from other employees who have elected to donate accrued time off to that employee in need of such time. Only employees who are not represented by a collective bargaining unit and those employees who are members of a collective bargaining unit which has elected to recognize the Accrued Time Off Donor Program in its memorandum of agreement, or by a collateral agreement with Milwaukee County, shall be eligible to donate time to an individual eligible for receipt of such time.

STATEMENT OF INTENT

I, _____, hereby request to donate my accrued time, as indicated below in accordance with the Time Off Donor Program as stated in Chapter 17.186 of the General Ordinances of Milwaukee County. The accrued time as indicated is to be donated to the following County employee, _____. This donation of time will be implemented only if the named employee is determined to qualify for the Program. I acknowledge that all of my donated time can only be used by the named employee and that no time can or will be returned to my accrued balances once the transfer of time has been approved.

HOURS OF TIME TO BE DONATED (Increments of 1 hour)

VACATION: _____ PERSONAL: _____ HOLIDAY: _____

PRINT THE FOLLOWING INFORMATION:

MY NAME: _____

MY SOCIAL SECURITY NUMBER: _____

MY DEPARTMENT: _____

MY PAYROLL UNIT NUMBER: _____

EMPLOYEE SIGNATURE

DATE

August 26, 2004